

**NON-EMPLOYEE TRAVEL REIMBURSEMENT CLAIM AMC**Department of Career and Technical Education
SFN 50521 (Rev. 9/05)State Capitol 15th Floor
600 E Boulevard Ave Dept 270
Bismarck, ND 58505-0610
Phone 701-328-3180
Fax 701-328-1255

Name		Social Security Number		Date Submitted
Mailing Address		City, State, Zip Code		
Name of Meeting			Meeting/Seminar Dates	
Travel Time	Date and Time Travel Began	<input type="checkbox"/> AM <input type="checkbox"/> PM	Date and Time Travel Ended	<input type="checkbox"/> AM <input type="checkbox"/> PM

Commercial transportation (attach original receipt/coupon)	\$
Taxi fare (attach receipt if over \$10)	\$
Registration fee (attach receipt if paid by claimant)	\$
Lodging (attach original receipt)	\$
Other – Explain each expense (attach receipts if over \$2) <i>Completion of 24 Hours of Instruction</i>	\$ 750.00
Personal vehicle mileage (round trip)	miles
Were meals included in registration fee? <input type="checkbox"/> No <input type="checkbox"/> Yes	

I certify this request is correct and complete and all expenditures are accurate.

Signature of Claimant

STATE USE ONLY									
	IN NORTH DAKOTA				OUTSIDE NORTH DAKOTA				Totals
MEALS	Breakfast \$5	Lunch \$7.50	Dinner \$12.50	Sub Total	Breakfast 20% GSA Rate	Lunch 30% GSA Rate	Dinner 50% GSA Rate	Sub Total	
Number of Meals									
Number x Rate = Cost									\$
LODGING	(Actual cost up to \$50 plus Applicable Tax)				(Actual Cost)				
	Rate \$ x ____ Night(s) =				Rate \$ x ____ Night(s) =				\$
MILEAGE	Miles @ \$.375 =				Miles @ \$.375 =				\$
OTHER EXPENSES									\$ 750.00
<hr/> SBCTE Approval <hr/> Date									Total Claim \$ 750.00

Retain a copy for your records.